S. No. 2
—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10153

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 57

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Noyes Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / In this community 3 Semesters (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 2001 E 69 St Terrace (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Herbert Lester Spake Jr
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov (Month) 11 (Day) 1919 (Year)
8. AGE: Years 20 Months 3 Days 29 If less than one day hr. min.
9. Birthplace Kansas City (City, town, or county) Mo (State or foreign country)
10. Usual occupation Student
11. Industry or business M U
FATHER 12. Name Hubert Lester Spake Jr
13. Birthplace Knobnoster (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Gladys O. Weaver
15. Birthplace K C (City, town, or county) Kans (State or foreign country)
16. (a) Informant Hubert Lester Spake Jr
(b) Address 2001 E 69 Terr
17. (a) Mt Moriah (Burial, cremation, or removal) (b) Date thereof 3/12/40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah
18. (a) Signature of funeral director R. Ouvreatt
(b) Address Columbia, Mo.
19. (a) 3/11/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 10 year 1940 hour 8:30 minute A. M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ASPHYXIATION Extreme	
Due to Intoxication Rolled over Face down in Bed	
Due to Head and Nose in Pillow	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN
Of autopsy	Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence March 10th 1940
(c) Where did injury occur? Columbia (City or town) Boone (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In rooming house (Specify type of place)
While at work? (e) Means of injury
23. Signature M. R. Toalson Coroner (M. D. or other)
Address Columbia, Mo. Date signed 3/10/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Leonard A. Shrewsbury

Licensed Embalmer No. 4213

P. O. Address Columbia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.